

# Exploring Functional Regionalization: An Overview

District Meetings

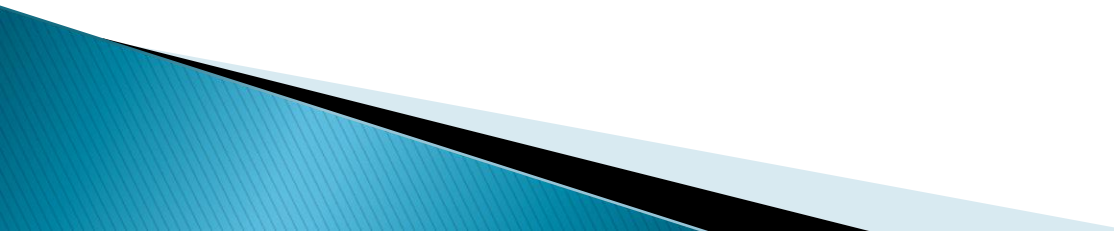
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Indiana State Health Commissioner

Summer 2010



# What “Functional Regionalization” is NOT:

- ▶ A replacement for Local Health Departments
  - ▶ An attempt to take over local government
  - ▶ Control by the State Department of Health
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THEY KNOW ME AS A  
MILD-MANNERED COUNTY  
HEALTH OFFICIAL.



LITTLE DO THEY KNOW  
THAT AS PUBLIC HEALTH MAN  
I KEEP THEIR AIR AND  
WATER CLEAN!



I IMMUNIZE  
KIDS. I PREVENT  
EPIDEMICS.



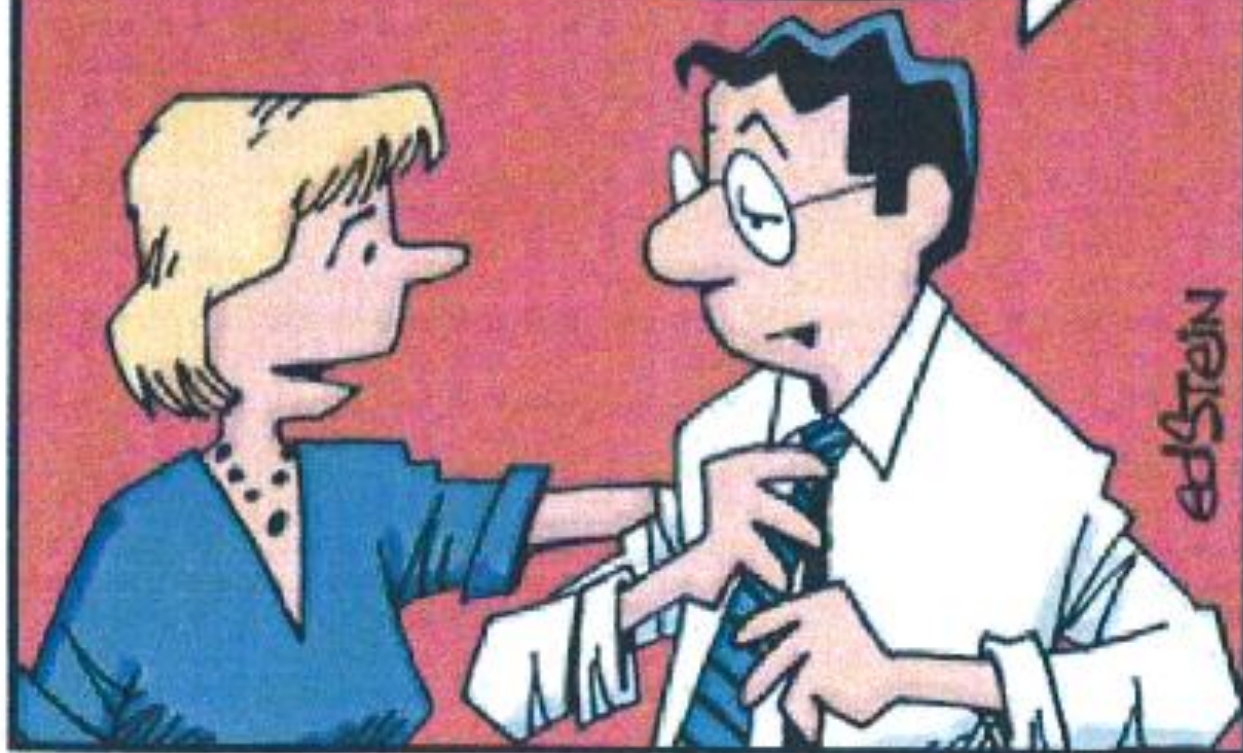
I KEEP PEOPLE SAFE  
A THOUSAND DIFFERENT WAYS.

SOME DAY...



THE WORLD WILL KNOW WHAT  
YOU DO.

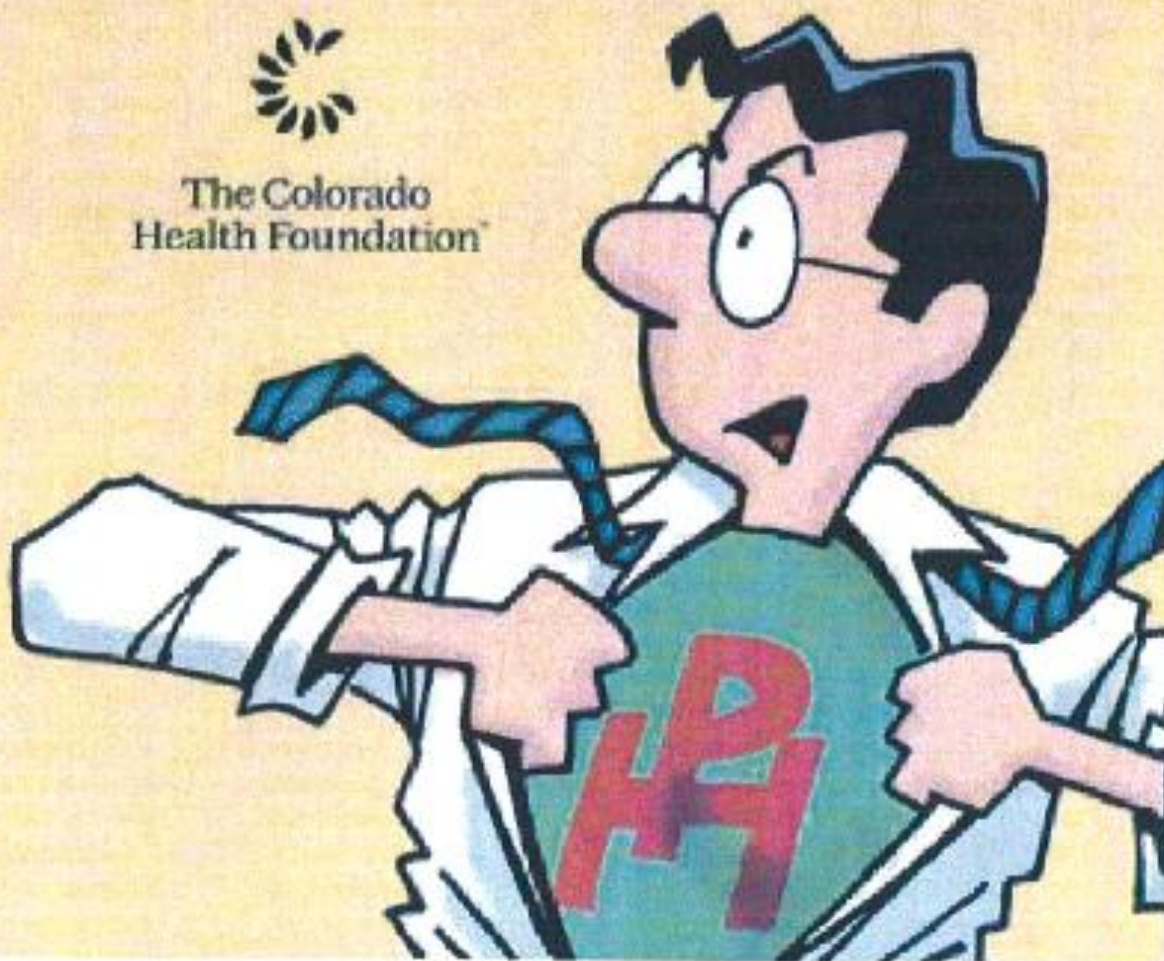
IT'S OKAY,  
DEAR. I'M USED  
TO IT.



**Public health affects everyone, every day.  
Share this comic with a friend.**



**The Colorado  
Health Foundation**



# Definition of Functional Regionalization

- ▶ Also called “regional cooperation”
- ▶ LHDs maintain autonomy and local governance structure; direct services are delivered by LHD; some indirect services are done on the regional level

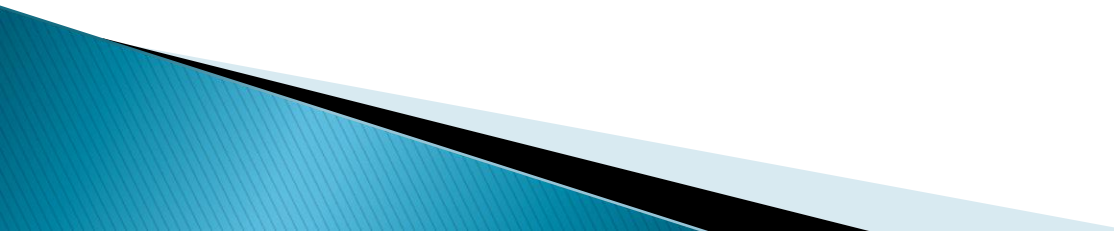
*(NACCHO Kansas Regionalization Project, Oct. 2008)*

- ▶ A consortium of LHDs working together under a formal agreement to provide a specified range of services that each individual LHD could not by itself provide

*(Kansas Association of LHDs, 2007)*



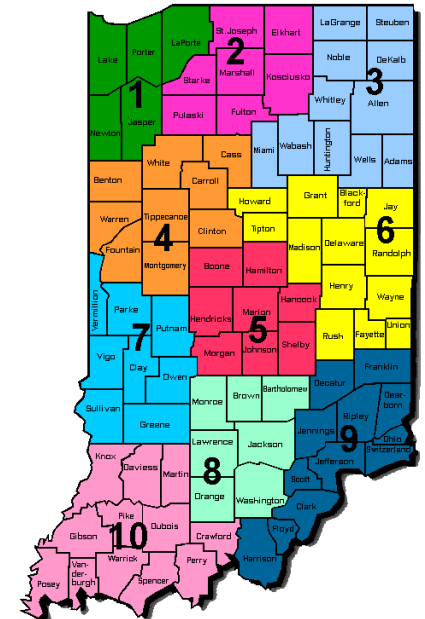
# Functional Regionalization could also include:

- ▶ Cooperative agreement between LHDs to assist each other in the provision of services for a geographic area
  - ▶ Formalization using agreements such as MOUs
  - ▶ Combining administrative services
  - ▶ Standardization and efficiency of services
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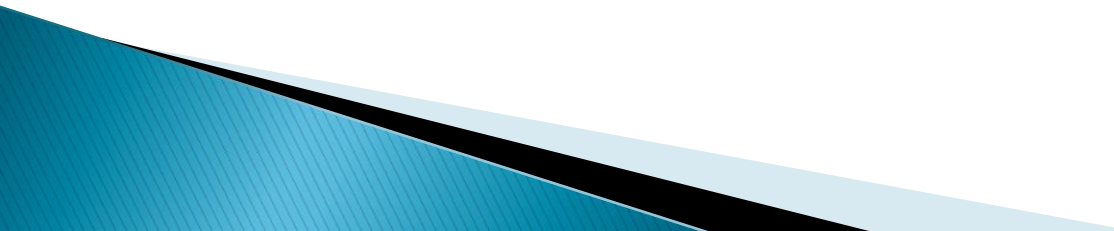
# A Picture of Indiana



- ▶ Home rule state – decentralized
- ▶ Limited standardization
- ▶ Equitable service delivery?
- ▶ 92 counties with 93 LHDs
  - 2 city health departments (Gary, East Chicago)
  - 1 combined county health department (Fountain/Warren)



# Why work toward Functional Regionalization?

- ▶ Economy
  - ▶ LHD budget cuts
  - ▶ Expansion of services
  - ▶ Equitable delivery of the 10 Essential Public Health Services
  - ▶ Standardization
  - ▶ Funding/Grant opportunities
  - ▶ Accreditation
- 

# What are the barriers?

- ▶ Misunderstanding of the term “regionalization”
- ▶ Resistance at the local government level (fear of loss of control)
- ▶ Lack of coordination to achieve
- ▶ Lack of cooperation/collaboration
- ▶ Fear of change

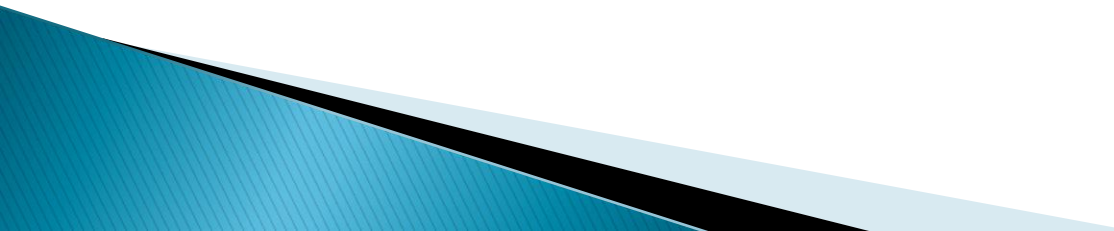


Can these barriers be overcome?

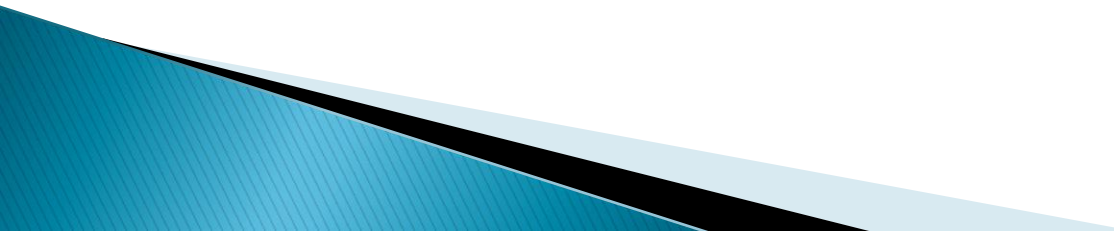
**YES!**



# Advantages of Functional Regionalization

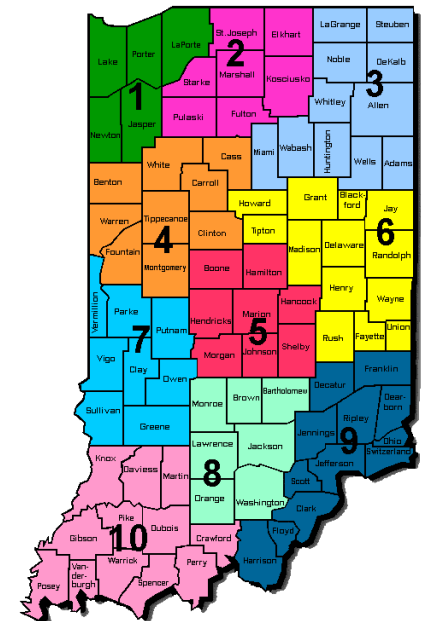
- ▶ Standardization
  - ▶ Equitable delivery of the 10 Essential Public Health Services
  - ▶ Efficiency in economy and service delivery
  - ▶ Better data collection
  - ▶ Increase in grant funding opportunities
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# How do these advantages translate to a LHD?

- ▶ By standardizing, services provided in one county would be provided in the same way in a neighboring county – easier to assist each other
  - ▶ You could provide more services if they are shared among LHDs
  - ▶ You could provide all Hoosiers with equal access to services by sharing resources
  - ▶ You would be able to collect information about diseases and health conditions more consistently
  - ▶ You could increase your funding potential – applying for grants as a region could bring in more dollars
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# Functional Regionalization already at work!

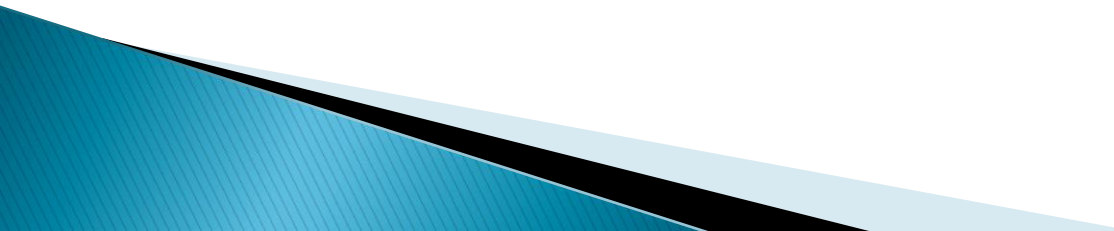
- ▶ Example: 10 Field Epidemiologists
- ▶ 1 for each district (up to 13 counties covered)
- ▶ Paid for by the State Department of Health, but *for* the LHDs
- ▶ Access to a Subject Matter Expert for each LHD



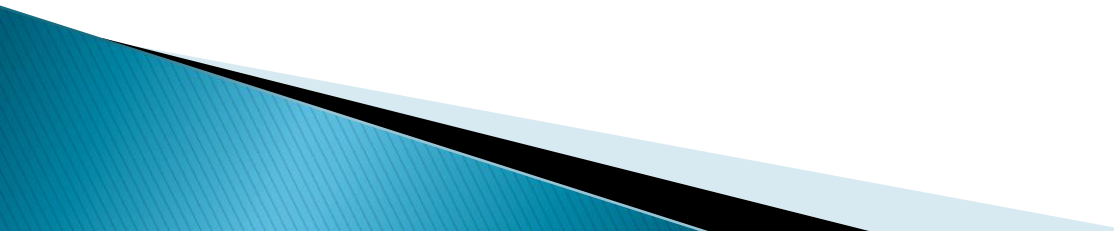
# Fountain/Warren County Health Department

- ▶ 2 counties decided in 1967 to have one health department
- ▶ Employees from both counties at health dept.
- ▶ Representative from health dept. at both County Council and Commissioner meetings
- ▶ Fountain (larger) pays bills and Warren reimburses
  - 2/3 of expenses – Fountain
  - 1/3 of expenses – Warren
  - Based on population
- ▶ One Board of Health
  - 4 persons from each county represented on the board

# Pros of combining the Fountain/Warren County Health Department

- ▶ Saves money
  - ▶ More efficient
  - ▶ Knowledge of both county populations
  - ▶ Preparedness – easier to work together representing public health
  - ▶ Able to assist one another in emergencies
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# Cons of combining the Fountain/Warren County Health Department

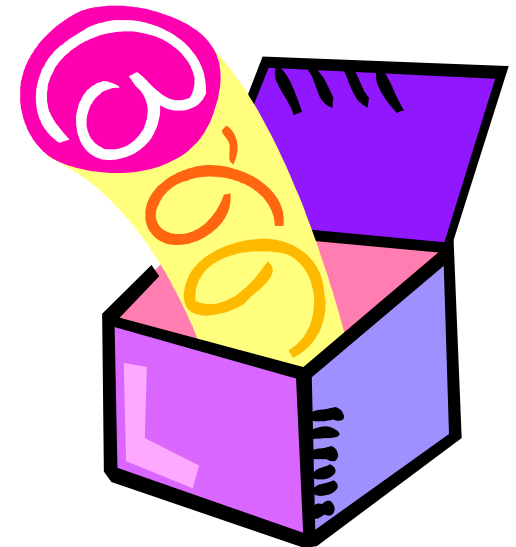
- ▶ 2 County Councils and sets of Commissioners
  - ▶ Different ordinances to be enforced in each county
  - ▶ Both sets of Councils and Commissioners not always in agreement
  - ▶ Takes additional time for health department staff to meet with 2 County Councils and sets of Commissioners
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# Lessons Learned by Fountain/Warren County

- ▶ When combining health department services, state in agreement that County Councils and Commissioners from each county will agree to adhere to ordinances recommended by the *one* Board of Health
- ▶ Lay the rules of engagement out from the onset

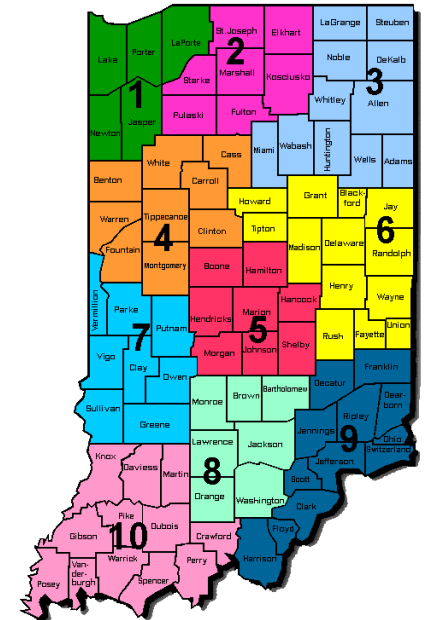
# Thinking Outside the Box...

- ▶ How can we be more effective in the delivery of public health services?
- ▶ How can we be more efficient in the delivery of public health services?
- ▶ What models of service delivery and administration of public health would work?
- ▶ How can we overcome barriers?



# Next Steps

- ▶ Formation of a Task Force to examine Functional Regionalization – Who should be included?
- ▶ Pilot a Functional Regionalization approach in 2 districts – Who would be interested in doing this?





# TRADITION

**Just Because You've Always Done It That Way Doesn't  
Mean It's Not Incredibly Stupid.**

[www.despair.com](http://www.despair.com)

# Questions and Discussion